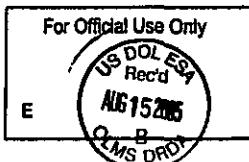


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <u>8970</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>RICHARD</u> <u>R</u> <u>YAST</u> P O Box, Bldg, Room No, if any Street <u>1746 CREEK VIEW DRIVE</u> City <u>FOGELSVILLE</u> State <u>PA</u> ZIP Code + 4 <u>19051</u>	4 Name, file number, and address of labor organization Name <u>LABORERS LOCAL UNION 1174</u> Labor Organization File Number <u>038631</u> P O Box, Building and Room Number, if any Street <u>465 ALLENTOWN DRIVE</u> City <u>ALLENTOWN</u> State <u>PA</u> ZIP Code + 4 <u>18109</u>
5 Position in labor organization. <u>SECRETARY-TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No., if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed <u>Richard R Yast</u>	On <u>8-8-05</u>	<u>610-285-2277</u>
	Date	Telephone Number

Name of Person Filing RICHARD R. YOST

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name, if any)

Name CHARLES JOHNSTONTrade Name, if any CHARLES JOHNSTON PCP O Box, Bldg, Room No, if any P.O. Box 98, Suite 203Street 150 CORPORATE CENTER DRIVECity CAMP HILLState PA ZIP Code + 4 17001

9. Business deals with.

- ☒ a Labor Organization
☐ b Trust
☐ c. Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name LABORERS' LOCAL UNION 1174

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 465 Allentown DRIVECity ALLENTOWNState PA ZIP Code + 4 18109

11 a Nature of such dealing

ATTORNEY FOR LABOR ORGANIZATION

11 b Approximate dollar value of such dealing

\$13,882.

12 a Nature of interest held or income received

GIFT

12 b Amount

\$70.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

14.a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing RICHARD R YOST	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name LABORERS LOCAL 1174 NEW FUND Trade Name, if any _____ P O Box, Bldg., Room No., if any _____ Street 465 ALLENTOWN DRIVE City ALLENTOWN State PA ZIP Code + 4 18109	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10, If 9 b or 9 c is checked give trust or employer's name Name LABORERS' LOCAL UNION 1174 Trade Name, if any _____ P O Box, Bldg., Room No., if any _____ Street 465 ALLENTOWN DRIVE City ALLENTOWN State PA ZIP Code + 4 18109	11 a Nature of such dealing CONTRIBUTIONS TO EMPLOYEE BENEFIT TRUST FUND 11 b Approximate dollar value of such dealing \$29,894. 12 a Nature of interest held or income received EDUCATION REIMBURSEMENT 12 b Amount \$2828.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment _____ 14 b. Amount of payment _____
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing <u>RICHARD YAST</u>	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name, if any)

Name AMALGAMATED BANK
Trade Name, if any _____
P O Box, Bldg, Room No, if any _____
Street 11-15 UNION SQUARE
City NEW YORK
State NEW YORK ZIP Code + 4 10003

9. Business deals with

- ☒ a Labor Organization
☐ b Trust
☐ c Employer

10 If 9.b. or 9 c is checked give trust or employer's name

Name LABORERS' LOCAL UNION 1174
Trade Name, if any _____
P O Box, Bldg, Room No, if any _____
Street 465 ALLENTOWN DRIVE
City ALLENTOWN
State PA ZIP Code + 4 18109

11.a Nature of such dealing

11.b Approximate dollar value of such dealing.

12 a Nature of interest held or income received

GIFT

12 b Amount

\$ 22.86

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name _____
Trade Name, if any _____
P O Box, Bldg, Room No, if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

14 a. Nature of payment.

13 b. Is the Business an Employer ☐ or Consultant ☐ ?

14 b. Amount of payment

Name of Person Filing <u>RICHARD YOST</u>	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any).

Name BEYER - BARBER COMPANY
Trade Name, if any _____
P O Box, Bldg, Room No, if any _____
Street 1136 HAMILTON STREET, Suite 103
City ALLENTOWN
State PA ZIP Code + 4 18101

9. Business deals with:

- ☒ a Labor Organization
☐ b Trust
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name LABORERS' LOCAL UNION 1174
Trade Name, if any _____
P O Box, Bldg, Room No, if any _____
Street 465 ALLENTOWN DRIVE
City ALLENTOWN
State PA ZIP Code + 4 18109

11.a Nature of such dealing.

11 b Approximate dollar value of such dealing.

12.a Nature of interest held or income received

GIFT

12.b Amount

\$237.16

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name _____
Trade Name, if any _____
P O Box, Bldg, Room No, if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing RICHARD YOST

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name CHARTWELL INVESTMENTS PARTNERS

Trade Name, if any

P O Box, Bldg., Room No., if any

Street 1235 WEST LAKES DRIVE, SUITE 400City BERWINState PA ZIP Code + 4 19312

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name LABORERS' LOCAL UNION 1174

Trade Name, if any

P O Box, Bldg., Room No., if any

Street 465 ALLENTOWN DRIVECity ALLENTOWNState PA ZIP Code + 4 18109

11.a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

GIFT

12 b Amount

\$74.05

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment